

Document Change Request (DCR) – Form 1000

1. REQUEST ORIGINATOR IDENTIFIES: <i>(Submit to DCC when complete.)</i>			
Name	Phone Number	Office Number	Affiliation (check one) <input type="checkbox"/> Owner OR <input type="checkbox"/> User
Document Number:			
Document Title:			
Action Requested:	<input type="checkbox"/> New Document	<input type="checkbox"/> Revision or Change	<input type="checkbox"/> Cancellation
Comments:	<i>(Identify changes to existing document or include new document and attach. Include any CAR/PAR numbers that are being addressed by this request.)</i>		

2. DCC ASSIGNS: <i>(Submit to Process Owner when complete.)</i>			
DCR Number	Document Owner	Current Revision Letter	Date Received / /
Peer Reviewers:			

3. PROCESS OWNER EVALUATES/ADJUSTS: <i>(Send DCR electronically or hard copy to reviewers.)</i>	
<input type="checkbox"/> Accept DCR (as is or with modifications) (skip to section 5): <input type="checkbox"/> Accept DCR and forward to Reviewer(s) (as is or with modifications): Please return reviews by: / / <input type="checkbox"/> Reject DCR (specify reason in comments):	<u>Comments:</u> <div style="height: 100px;"></div>

4. PEER REVIEWER ANALYZES: <i>(Attach document with comments and submit to Process Owner.)</i>	
Name	Comments Submitted on: / /

5. PROCESS OWNER FINALIZES: <i>(Submit to DCC.)</i>	
<input type="checkbox"/> Incorporated As Written <input type="checkbox"/> Incorporated With Modifications <input type="checkbox"/> Not Incorporated <input type="checkbox"/> Withdrawn by the Originator	<u>Comments:</u> <div style="height: 100px;"></div>
Date / /	
Signature: _____	

6. TECHNICAL REVIEWER ANALYZES: <i>(Attach document with comments and submit to Approving Official.)</i>	
Name	Comments Submitted on: / /
Process Owner Approves Technical Review <i>(if applicable)</i>	
Date / /	
Signature: _____	

7. OFFICIAL APPROVAL: <i>(Return to DCC.)</i>	
Name <input type="checkbox"/> Approved <input type="checkbox"/> Approved (comments) <input type="checkbox"/> Not Approved	<u>Comments:</u> <div style="height: 100px;"></div>
Date / /	
Signature: _____	